

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKNathaniel WilliamsRECEIVED  
SDNY DEPT. CLERK OFFICE  
2016 MAR 22 PM 12:28

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

State of New York,  
NYCPD - New York City Police Department  
PCT: 079 Arresting Officer I.D. 925774,  
PCT. 079 Arresting Officer I.D. 930356**COMPLAINT**under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No  
(check one)**16CV2192**

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Nathaniel Williams

ID #

15-A-0214

Current Institution

Franklin Correctional Facility

Address

62 Bare Hill Road, P.O. Box 10Malone, NY 12953

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name John Doe #1 Shield # 925774  
 Where Currently Employed NYCPD, PCT 079  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Defendant No. 2 Name John Doe #2 Shield # 930356  
 Where Currently Employed NYCPD, PCT 079  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Defendant No. 3 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Defendant No. 4 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? In the district of the 079 precinct in Kings County, New York City

B. Where in the institution did the events giving rise to your claim(s) occur? On Lexington Avenue in between Marcy Avenue and Tompkins Avenue in Kings County.

C. What date and approximate time did the events giving rise to your claim(s) occur? On December 7, 2012 at approximately 7:10 pm (19:00:00)

D. Facts: On December 4, 2012 an unidentified individual pointed a gun at me on Lexington Avenue. At that time, I started running and I was on Lexington Avenue towards Marcy Avenue, an unidentified vehicle ran into me, throwing me into the wall of the housing complex.

What happened to you?

Who did what?

John Doe #1, which turned out to be an undercover police officer, drove the unmarked police vehicle into me and when I got up and ran John Doe #2, tackled me on Marcy Avenue and assaulted me in the face and body.

Was anyone else involved?

Other police officer arrived on the scene to assist in the false arrest.

Who else saw what happened?

No civilians witnesses came forward.

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I received several injuries to my face, body and left leg. To date, I have a permanent scar on right upper cheek and knee area of left leg. My knee continuously gets swollen and I now walk with a limp.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes \_\_\_\_ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

---



---

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No \_\_\_\_ Do Not Know \_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_ No ☒ Do Not Know \_\_\_\_

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes \_\_\_\_ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

---

1. Which claim(s) in this complaint did you grieve? \_\_\_\_\_

---

2. What was the result, if any? \_\_\_\_\_

---

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. \_\_\_\_\_

---



---



---

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: This action

is involving a false arrest and beating at the hand of New York City Police Officers.

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. Due to this false arrest I was charged with several crimes that I had to stand trial for and was vindicated of.

**Note:** You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I would respectfully request a jury trial to determine this life changing event and my monetary compensation of \$10,000,000 due to my depression and mental anguish that cause my re-incarceration because of the fear I now live with every day that has to be addressed with mental health evaluation and prescribed medication of Reuron the anti-depressant.

Also, I wish each defendant to pay \$5,000,000 in punitive damages for their official and individual capacity.

**VI. Previous lawsuits:**On  
these  
claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_\_ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 15 day of March, 2016

Signature of Plaintiff

Inmate Number

Institution Address

Nathaniel Williams  
15A0214  
Franklin Correctional Facility  
62 Barre Hill Road, P.O. Box 10  
Malone, NY 12953

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

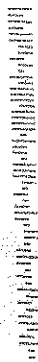
I declare under penalty of perjury that on this 15 day of March, 2016 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Nathaniel Williams

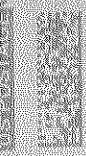


Abraham Williams  
DN 15A0314  
FRANKLIN CORRECTIONAL FACILITY  
P.O. BOX 10, 62 BARE HILL ROAD  
MALONE, NEW YORK 12953



RECEIVED  
SOLY TWO SE OFFICE  
2015 MAR 22 PM 12:28  
JWB

FRANKLIN



CORRECTIONAL FACILITY

03/16/2015

USPS POSTAGE \$002.03

ZIP 12953  
DATE 11/25/10

United States District Court  
Southern District of New York  
Daniel Patrick Moynihan U.S. Courthouse  
500 Pearl Street  
New York, NY 10007

